

Case 2:12-cv-02705-SCC Document 48-2 Filed 05/14/15 Page 7 of 8

2016 Mar-08 PM 03:56  
U.S. DISTRICT COURT  
N.D. OF ALABAMA**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME &amp; PHONE OF CONTACT AT FILER (optional)

Laurel A. Swope 205-250-8383

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Laurel A. Swope  
 Baker, Donelson, Bearman, Caldwell & Berkowitz  
 A Professional Corporation  
 420 20th Street North, Suite 1600  
 Birmingham, AL 35203

Alabama	Sec. Of State	\$20.00
07-0892276 FS	Date 10/25/2007	\$0.00
	Time 16:07	\$0.00
	1 Pg	\$0.00
	File	\$20.00
	Expg	\$0.00
	Ackn	\$0.00
	Form	\$0.00
Total		\$20.00

04/9/95

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

OR 1b. INDIVIDUAL'S LAST NAME  
EllisFIRST NAME  
FrankMIDDLE NAME  
P.SUFFIX  
IV

1c. MAILING ADDRESS

1230 I-65 Service Road North

CITY  
MobileSTATE  
ALPOSTAL CODE  
36617COUNTRY  
USA

1d. TAX ID #: SSN OR EIN ADDL INFO RE 1e. TYPE OF ORGANIZATION

ORGANIZATION  
DEBTOR

1f. JURISDICTION OF ORGANIZATION

1g. ORGANIZATIONAL ID #, if any

 NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR 2b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

2d. TAX ID #: SSN OR EIN ADDL INFO RE 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any

ORGANIZATION  
DEBTOR NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME

Wolf Pup, Inc.

OR 3b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

3c. MAILING ADDRESS

301 19th Street North

CITY  
BirminghamSTATE  
ALPOSTAL CODE  
35203COUNTRY  
USA

4. This FINANCING STATEMENT covers the following collateral:

All membership interests in Character Counts, LLC, an Alabama limited liability company, now or hereafter owned by Debtor, including, without limitation, the eighty percent (80%) membership interest in Character Counts, LLC owned by Debtor on the date of filing of this UCC financing statement, and all proceeds thereof, and all cash, securities or other property at any time and from time to time receivable or otherwise distributed in respect of or in exchange for any or all of such membership interests.

5. ALTERNATIVE DESIGNATION (if applicable)	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BALLEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. If this FINANCING STATEMENT is to be filed (or record) in the REAL ESTATE RECORDS, attach Addendum	(if applicable)	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional)	(ADDITIONAL FEE)	All Debtors	Debtor 1	Debtor 2

3. OPTIONAL FILER REFERENCE DATA

Alabama Secretary of State

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 07/29/98)

PLAINTIFF'S  
EXHIBIT  
*6*


**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME &amp; PHONE OF CONTACT AT FILER (optional)

Laurel A. Swope 205-250-8383

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Laurel A. Swope  
 Baker, Donelson, Bearman, Caldwell & Berkowitz  
 A Professional Corporation  
 420 20th Street North, Suite 1600  
 Birmingham, AL 35203

Alabama	State
Sec.	Of State
8 07 -0892282 FS	Date 10/25/08
File Expd	Time 16:08
Ackn	1 Pg
Form	\$20.00
Total	\$20.00

04/096

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME			
OR	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME
	Raley	Joseph	Scott
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
P. O. Box 2077	Gulf Shores	AL	36547
1d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION
			1g. ORGANIZATIONAL ID #, if any
			<input type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME			
OR	2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME
			SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
			COUNTRY
2d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION
			2g. ORGANIZATIONAL ID #, if any
			<input type="checkbox"/> NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME			
OR	3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME
	Wolf Pup, Inc.		SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
301 19th Street North	Birmingham	AL	35203
COUNTRY	USA		

4. This FINANCING STATEMENT covers the following collateral:

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5. ALTERNATIVE DESIGNATION (if applicable)	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BALEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed (or record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum	(if applicable)	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE)	(optional)	All Debtors	Debtor 1	Debtor 2

J. OPTIONAL FILER REFERENCE DATA

Alabama Secretary of State